Completion Date

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Rainbow Adult Residential Care Home/Expanded ARCH	CHAPTER 100.1
Address: 95-195 Aumea Loop, Mililani, Hawaii 96789	Inspection Date: December 15, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. FINDINGS Resident #2: Medication unlocked in refrigerator. Corrected during inspection.	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future	Date
	plan is required.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
Drugs shall be containe FINDIN Resident	HGS t #2: Medication unlocked in refrigerator. Corrected inspection.	PART 2 FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? "Predication information of for each medicine released and in a reparate locked continue refrigeration." X A reminder post-it placed in patient's chan ared that need refrigeration.	Date 1/22/21 heet " ved will be ed, The cately place thinen inco

 RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-100.1-17 Records and reports. (a) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: FINDINGS Resident #1: No readmissions assessment after return from hospitalization on 3/30/20.	DID YOU CORRECT THE DEFICIENCY? USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Use this space to tell us how you corrected the deficiency Use this space to tell us how you corrected the deficiency I was admission and farm completed, aignetic late entry," filled in chart.	Date 1/22/21

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	* Anytime a sericlent from hospitalization calendar or put-it", t placed in staident a sominder for con se-admission assessme	seturns a do vill be i char yellor

<u> </u>	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\boxtimes	§11-100.1-17 <u>Records and reports.</u> (a)(4)	PART 1	Date
	The licensee or primary care giver shall maintain individual	TAKI I	1
	records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the	DID YOU CORRECT THE DEFICIENCY?	-
	licensee or primary care giver for the department's review:	_ _	
		USE THIS SPACE TO TELL US HOW YOU	1.1.010
	A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;	CORRECTED THE DEFICIENCY	1/22/2
	FINDINGS	INA WHATEN TO	
	Resident #2: No tuberculosis assessment clearance form available for review.	lyls, updated TB form was completed, signer up, and filed in vaidents' chart.	1
		was consoleted signed	1 8
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§11-100.1-17 Records and reports. (a)(4) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review: A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies; FINDINGS Resident #2: No tuberculosis assessment clearance form available for review.	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? **TB Risk Assessment as Attentation Scuring I will be used for future assessment of every a he placed in part is a le placed in part is a chart lock time a TR assessment is done on usident.	Date 1/22/2 d re 7B exident. eve will idents'

ودني	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\boxtimes	§11-100.1-17 Records and reports. (a)(4)	PART 1	Date
	The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or		
	transfer of a resident there shall be made available by the	DID YOU CORRECT THE DEFICIENCY?	
	licensee or primary care giver for the department's review:	USE THIS SPACE TO TELL US HOW YOU	
	A report of a recent medical examination and current	CORRECTED THE DEFICIENCY	1/221
i	diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;	THE BEFICIENCY	117-
	FINDINGS		
į	Resident #3: No tuberculosis assessment clearance form available for review.	Us, updated TB form	
		was completed, signed	ky
		Ups, updated TB form was completed, signed MD and filed in residents chart.	
		residents chart.	

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	(Old Eldi)	PLAN OF CORRECTION	Completion
\boxtimes	§11-100.1-17 Records and reports. (a)(4)	DADT 3	Date
	The licensee or primary care giver shall maintain individual	PART 2	
	records for each resident. On admission, readmission, or	EUTUDE DI ANI	
	transfer of a resident there shall be made available by the	<u>FUTURE PLAN</u>	
	licensee or primary care giver for the department's review:	USE THIS SPACE TO EXPLAIN YOUR FUTURE	
	A report of a recent medical examination and current	PLAN: WHAT WILL YOU DO TO ENSURE THAT	1/22/21
	diagnosis taken within the preceding twelve months and	IT DOESN'T HAPPEN AGAIN?	10012
	report of an examination for tuberculosis. The examination	2028. TIMITEN AGAIN:	
	for tuberculosis shall follow current departmental policies;		
	<u>FINDINGS</u>		"
	Resident #3: No tuberculosis assessment clearance form available for review.	of A semuder post-14	note
	available for review.		
		will be praced in the	idents
		e de temp	TA 1.
		chart each nine a	(10 m)
		A seminder post-it will be placed in sea chart each time a assessment is done of	n energy
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		will be used for be assessments.	iture To
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		assess monte.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Comment
K 7			Completion Date
	§11-100.1-17 <u>Records and reports.</u> (a)(4) The licensee or primary care giver shall maintain individual	PART 1	Date
	records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:	DID YOU CORRECT THE DEFICIENCY?	
	A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	1/22/3
	FINDINGS Resident #4: No tuberculosis assessment clearance form available for review.	yes, updated TD for was completed, sign MD and biled in chart.	m
	available for review.	was completed, erg.	red by
		MD and bited in	u sider
		chart.	
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 RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-17 Records and reports. (h)(1) Miscellaneous records:	PART 1	Date
A permanent general register shall be maintained to record all admissions and discharges of residents;	DID YOU CORRECT THE DEFICIENCY?	
FINDINGS Resident #1: Resident not in general register after readmission on 3/30/20 after hospitalization.	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	1/22/
	yes. Entils mode for	
	Yes. Entries mode for "Discharged" and "A residents Register.	d milled
	remants registr.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion
\boxtimes	§11-100.1-17 Records and reports. (h)(1) Miscellaneous records:	PART 2	Date
l	A permanent general register shall be maintained to record all admissions and discharges of residents;	<u>FUTURE PLAN</u>	
	FINDINGS Resident #1: Resident not in general register after readmission on 3/30/20 after hospitalization.	USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	1/22/2
	, and the state of		
		A calendar or post-it will be placed in se chart anytime a se about about a seminder for con of Resident Register.	" note ,
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-23 Physical environment. (g)(3)(1) Fire prevention protection.	PART 1	Date
Type I ARCHs shall be in compliance with, but not limited to, the following provisions:	DID YOU CORRECT THE DEFICIENCY?	1/29/21
Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	
following directions and taking appropriate action for self- preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:	Ges. Revidents #4, #2,	# zen
FINDINGS Resident #1, #2, #3: Three (3) non self-preserving residents.	Physical Exam Recor.	NO "dan
	Ges. Residents #4, #2, Physical Exam secon envoneously marked " self-puservation un condition-	de suergne
	Resident is ambulation	, and capob
	of fallowing direction of appropriate action for some under smerge	and falling Self-pro-
	an up and fied in	tti" signed"
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion
§11-100.1-23 Physical environment. (g)(3)(1) Fire prevention protection.	PART 2	Date
Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:	FUTURE PLAN USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?	112212
FINDINGS Resident #1, #2, #3: Three (3) non self-preserving residents.	* At least me of the caregiver's is established "second eye" to verify the nest and assuracy of forms. It reminder "a will be placed in residents with the placed in residents with time there's again mission of resident.	esconda con a conpee conpee confee

Licensee's/Administrator's Signature:	L	ebbie	2 d	borgonia
Print Name:	D	EBOA	· B	BTRGONIA
Date: _	1	122	12021	